



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>	Docket No. (Optional) 02420/100I249-US2
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In re Application of	
Application Number 10/076,905	Filed February 14, 2002
For: INHIBITION OF ATF2 ACTIVITY TO TREAT CANCER	
Art Unit N/A	Examiner Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

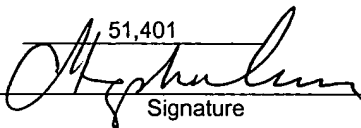
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 51,401

May 18, 2004  
Date

(212) 409-3790  
Telephone Number

  
Signature  
Stephanie R. Amoroso, Ph.D.  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

Express Mail Label No.	Dated:
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